

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

10/088227

CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1							51	01	
2							52	01	
3							53	01	
4							54	01	
5							55	01	
6							56	01	
7							57	01	
8							58	01	
9							59	01	
10							60	01	
11							61	01	
12							62	01	
13							63	01	
14							64	01	
15							65	01	
16							66		
17							67		
18							68		
19							69		
20							70		
21							71		
22							72		
23							73		
24							74		
25							75		
26							76		
27							77		
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30							80		
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32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.							TOTAL IND.	2	
TOTAL DEP.							TOTAL DEP.	2	
TOTAL CLAIMS							TOTAL CLAIMS	2	